

PTO/SB/81 (01-06)

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INDICATION FORM**

Application Number	60/224,351 - 09/813,808
Filing Date	11 Aug. 2000
First Named Inventor	Maerz, Robert ; et al.
Title	
Art Unit	3691
Examiner Name	Olabode Akintola
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Maerz, Robert; (Stone Harbor, NJ 08247)	
Sjo, Ernest; (Elmwood Park, IL 60707)	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Robert Maerz, GOPOPS Inc.				
Address	P.O. Box 573				
City	Stone Harbor	State	NJ	Zip	08247
Country	USA				
Telephone		Email	gopops@comcast.net		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	6/9/08
Name	Robert Maerz	Telephone	(803) 229-3692
Title and Company	Chairman & CEO - GOPOPS Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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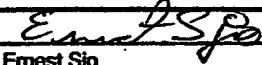
<input checked="" type="checkbox"/> Firm or Individual Name	Ernest Sjo				
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Country	USA				
Telephone		Email	fiveodog@yahoo.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6-1-2008
Name	Ernest Sjo	Telephone	(714) 323-5697
Title and Company			

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